

PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE



LivingstonHealthCare

OFFICE USE ONLY:

Date received:

Date logged:

Reviewed by:

Please send completed application to:

504 South 13<sup>th</sup> Street  
Livingston, MT 59047-3798

HR Dept. Phone: 406-823-6410  
HR Dept. Fax: 406-823-6498

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Are you under age 18 \_\_\_\_YES \_\_\_\_NO; If "YES," can you provide proof of your eligibility to work? \_\_\_\_YES \_\_\_\_NO

Are you currently authorized to work in the United States? \_\_\_\_YES \_\_\_\_NO. Proof of eligibility will be required if hired.

Position applied for: \_\_\_\_\_

Wage desired: \_\_\_\_\_  
(Be specific)

Days/hours available to work:

Mon	_____	Fri	_____
Tue	_____	Sat	_____
Wed	_____	Sun	_____
Thur	_____	No Pref.	_____

Shift desired: \_\_\_\_1<sup>st</sup> \_\_\_\_2<sup>nd</sup> \_\_\_\_3<sup>rd</sup> \_\_\_\_12-hr. Can you work weekends? \_\_\_\_\_ Can you work overtime? \_\_\_\_\_

Employment desired: ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME ☐ PRN STATUS

When are you available to start work? \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_Yes \_\_\_\_No If yes, give date: \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_Yes \_\_\_\_No If yes, give dates: \_\_\_\_\_

Are you related to any employee of LHC? \_\_\_\_Yes \_\_\_\_No If yes, list name and relation: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? \_\_\_\_Yes \_\_\_\_No  
(Proof of citizenship or immigration status will be required upon employment.)

Are you currently on "lay-off" status and subject to recall? \_\_\_\_Yes \_\_\_\_No

Can you travel if a job requires it? \_\_\_\_Yes \_\_\_\_No

Form 8/15/07

LIVINGSTON HEALTHCARE IS AN EQUAL OPPORTUNITY EMPLOYER

PLEASE LET US KNOW IF YOU NEED ACCOMMODATION IN ORDER TO COMPLETE THIS APPLICATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NO. OF YRS. COMPLETED / DID YOU GRADUATE?	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

CRIMINAL RECORD INFORMATION: Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? ☐ No ☐ Yes (A conviction record will not necessarily disqualify you from employment.)

If yes, give conviction date, crime convicted of, law enforcement agency, court jurisdiction, disposition, and type(s) of rehabilitation, if applicable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate any foreign languages you can speak, read, and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship skills, or extra-curricular activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United States military:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List job-related professional, trade, or business activities / offices held. (Please do not list any membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Licenses & Certifications

Type of License or Certification	License / Cert. #	From (Month – Year)	To (Month – Year)

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APPLICATION FOR EMPLOYMENT

OFFICE  
POSITIONS ONLY

Typing ☐ Yes ☐ No \_\_\_\_\_ WPM 10-key ☐ Yes ☐ No Personal Computer ☐ Yes ☐ No PC Mac ☐ ☐

Other Skills:

FOR ALL POSITIONS

Please list two references other than relatives.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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APPLICATION FOR EMPLOYMENT

**WORK  
EXPERIENCE**

Please list your work experience for at least your past 4 employers. All employers for at least the **past seven years must be listed**, beginning with your most recent job held. If you were self-employed, give business name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number Fax number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself? ☐ Yes ☐ No

Please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_ Yes \_\_\_\_ No.  
If you are unsure of the duties relating to this job, you may request a job description to be provided for your review. If you answered "No," please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

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**Applicant's Statement:**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time to be determined by Livingston HealthCare (LHC), and that upon inquiry, the application retention practices of LHC will be explained to me.

I hereby understand and acknowledge that LHC abides by all applicable employment and wage laws of the State of Montana and of the United States of America.

In the event of employment, I understand that false or misleading information given by me in my application or interview(s) may result in my discharge from employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

I also understand that any offer of employment made to me by Livingston HealthCare is conditional on satisfactory completion/fulfillment of all pre-employment requirements (e.g., drug screen, functional agility testing, PPD "TB" testing, criminal background checks, etc.).

Signature of Applicant

Date \_\_\_\_\_

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview \_\_\_\_\_ Yes \_\_\_\_\_ No      Date of Interview \_\_\_\_\_

Remarks \_\_\_\_\_

Conditional offer of employment made? ☐ Yes ☐ No

Earliest date employment may begin \_\_\_\_\_

Job Title \_\_\_\_\_ Dept. \_\_\_\_\_ Hrly rate / Salary \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title Date

NOTES:



## REFERENCE LETTER

### INSTRUCTIONS TO APPLICANT:

1. After reading the statement entitled "TO EMPLOYER ADDRESSED," complete the section in the **BOLD BOX ONLY!!!** Do NOT complete the Company Name and Address section.
2. NOTE: Your social security number is not required unless a conditional offer of employment is made to you. If a conditional offer of employment is made, you will be contacted for this information.
3. A copy of this form will be sent to your previous employers and may be sent to your current employers.

Company Name: \_\_\_\_\_ ATTN: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

### TO EMPLOYER ADDRESSED:

I have applied for employment with Livingston HealthCare and request that you furnish the information below which will be used in determining my suitability for employment. I hereby release you from any and all liability and damage of any nature regarding the release of the requested information.

_____ Applicant's Signature	_____ Other Name Used (if applicable)	*SS# _____ *not required until conditional job offer made
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### EMPLOYMENT REFERENCE VERIFICATION

Dates of employment (month and year): From: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Please rate applicant on the following:

	Excellent	Good	Average	Below Average
Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Ambition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is applicant eligible for rehire? Yes ☐ No ☐ (If no, please explain below)

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# SURVEY FORM

## Livingston HealthCare

### Demographic Information Survey

In order to comply with federal equal employment opportunity recordkeeping and reporting requirements, Livingston HealthCare is required to survey its workforce for certain demographic information. Accordingly, we ask that you provide the following information. Self-identification of your race/ethnicity is voluntary. If you choose not to self-identify, you must check the box indicating that you have reviewed the form and elected not to identify your race/ethnicity. Declining to self-identify will not subject you to any adverse treatment, nor will self-identifying result in favorable treatment. The information will be used only in accordance with the provision of applicable laws, regulations and executive orders, including those that require information to be summarized and reported to the government.

In completing the Race and Ethnicity portion of the form, first indicate if you identify yourself as Hispanic or Latino. If you do so identify yourself, you should stop at that point. If you do not identify as Hispanic or Latino, then check the appropriate box to identify the race/ethnicity with which you do identify. *If you identify with two or more races, please check the "two or more races" box, and also list the single race/ethnic group with which you most closely identify.*

<b>First and Middle Names</b>		<b>Last Name</b>	
<b>Location (City &amp; State)</b>		<b>Signature</b>	
<b>Gender</b>	<input type="radio"/> Male <input type="radio"/> Female	<b>Date</b>	
<b>Race and Ethnicity</b>	<input type="radio"/> Hispanic or Latino--A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.		
	<b>OR</b>		
	<input type="radio"/>	White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
	<input type="radio"/>	Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.	
	<input type="radio"/>	Native Hawaiian or other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
	<input type="radio"/>	Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
	<input type="radio"/>	American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.	
	<input type="radio"/>	Two or more races (Not Hispanic or Latino) - All persons who identify with more than one of the above five racial/ethnic groups. <b><i>If you check this box, please list the single racial/ethnic group above with which you most clearly identify:</i></b>	
	<input type="radio"/>	<b><i>If you choose not to identify your race or ethnicity, please check here.</i></b>	
	<input type="radio"/>	Handicapped Individual	
<b>Handicapped Information</b>	<input type="radio"/>	Disabled Veteran	
	<input type="radio"/>	Vietnam Era Veteran	